



Confidential

Harford County Government

Performance Improvement Plan

Employee:	E.I.N.
Job Title:	Department:
Review Date:	Supervisor:

Step 1—Performance Improvement Plan

This form documents a plan for required performance improvement (when an employee's performance does not meet minimum expectations). Below is information regarding specific area(s) where performance does not meet expectations and the action to be taken. The above referenced employee's performance will be re-assessed at the end of the defined period though improvement will be immediate and sustained to continue employment with Harford County Government. *If additional space is needed, sheets may be attached to this form.*

Defined Period of Improvement: _____

Supervisor Signature _____ Date _____

I have read my Performance Improvement Plan and understand that if there is not an immediate improvement satisfactory to my supervisor (and/or Department of Human Resources), further disciplinary action will be taken up to and including dismissal. Formal evaluation will take place by the specified date but any problems occurring in the meantime may result in additional action.

Employee Signature _____ Date _____

Step 2—Follow-Up—Performance Improvement Plan

Review Period _____ Follow-up Date _____

- ☐ Employee has achieved the required improvement described above and will be evaluated again at any point in the future in which performance begins to decline. (complete Step 4)
- ☐ Employee has not achieved the required improvement described above and supervisor agrees to proceed to 90 day performance improvement plan, which may result in disciplinary action up to and including termination (complete section 3)

Step 3—90 Day Performance Improvement Plan for Employees Who Do Not Meet Expectations

The following area(s) and actions require immediate improvement. Employee performance will again be re-assessed at the end of the 90 day improvement period. (Include attachments if necessary.)

Supervisor Signature: _____ Date _____

I have read my Performance Improvement Plan and understand that if there is not an improvement satisfactory to my supervisor (and/or Human Resources) by the specified date, further disciplinary action will be taken up to and including dismissal.

Employee Signature _____ Date _____

Step 4—Final Review of Improvement Plan

Date _____

- ☐ Employee has achieved the required improvement described above.
- ☐ Employee has **not** achieved the required improvement described above. This constitutes a request to the Director of Human Resources for the employee's immediate termination.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____